CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

June 2, 2016

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Tipitnebkelser, LLC, dba 1867 Bar, 101 N 14th St, Suite 6, requesting a class C-118132 liquor license.

NHC, LLC, dba Crawford's, an existing class CK liquor license holder, used to occupy this space, as well as an adjacent space to the west. Crawford's has sold a portion of its space to Tipitnebkelser, LLC, and has filed an application for deletion with the Nebraska Liquor Control Commission.

Kelsey Graves, President of Tipitnebkelser, LLC, is requesting that she be approved as the manager of the liquor license. Ms. Graves completed the required alcohol management training on May 12, 2016.

Tipitnebkelser, LLC Officers/Stockholders/Members:

Member 1: Kelsey Graves – President (50%)
Member 2: Jason Ortmeier – Member (25%)
Member 3: James Waterbury – Member (25%)

Ms. Graves has been the General Manager at JJ Hooligans, 311 N 8th St, and will remain as its General Manager. She will also be the General Manager at 1867 Bar.

Mr. Ortmeier is also President of JJ Hooligans, LLC, dba JJ Hooligans, and Mr. Waterbury is a member.

Kelsey Graves does not have any felony or misdemeanor convictions. Her driver history is as follows:

12-28-2009	Negligent driving	Infraction
09-11-2009	Violate speed limit 11-15 MPH over	Infraction
10-22-2008	Violate speed limit 11-15 MPH over	Infraction
08-13-2008	Negligent driving	Infraction

On May 19, 2016, Tipitnebkelser, LLC, dba 1867 Bar, filed an application for a liquor license with the Nebraska Liquor Control Commission. The understanding of the Nebraska Liquor Control Commission was that the liquor license would replace the license held by NHC, LLC, dba Crawford's. 1867 Bar also requested a Temporary Operating Permit. The Nebraska Liquor Control Commission denied the request for a Temporary Operating Permit due to the Crawford's license having a pending violation.

On May 23, 2016, The Nebraska Liquor Control Commission forwarded the application to the Lincoln City Clerk, who in turn distributed the application to the appropriate City departments for review.

On May 31, 2016, the Lincoln Police Department Liquor Investigator was informed by the Nebraska Liquor Control Commission that in fact 1867 Bar was not replacing the liquor license held by Crawford's, but rather was only assuming a portion of the space. Crawford's was only reducing its space and was going to submit an application for deletion.

On June 1, 2016, Crawford's submitted an application for deletion with the Nebraska Liquor Control Commission. That application will follow this application, so is still under pending review.

At this time, the space that is being requested by Tipitnebkelser, LLC is still licensed to Crawford's, and is not statutorily eligible be licensed for use by 1867 Bar.

The application is included for your review.

JEFFREY J. BLIEMEISTER, Chief of Police

APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

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TOP
~~none~~

Hot List: YES / NO	New/Replacing # 110080
Class Type C	118132 Initial RS

Applicant name tipitnebkelser LLC

Trade name ~~The Good Life Bar~~ J.D. ~~1867 BAR~~ 1867 BAR

Previous trade name N/A

Contact email address kelseygraves@yahoo.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

RECEIVED MP

Office use only
PAYMENT TYPE CK 1985
AMOUNT: $400
Ref 1688836
Received: MM

1600009693

1. ✓ Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application. Kelsey Graves Fingerprints done through Nebraska St. Patrol

2. ✓ Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.

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3. ✓ Enclose the appropriate application forms;
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)

4. ✓ If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.

5. ✓ If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. ✓ If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name)
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size) → No Alcohol Being Purchased
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)

7. ✓ If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

8. ✓ Enclose a list of any inventory or property owned by other parties that are on the premises.

9. ✓ For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance http://www.lcc.nebraska.gov/brochures.html

10. ____ Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. ✓ Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

_____
Signature

5/13/16
Date

APPLICATION FOR LIQUOR LICENSE
RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov/

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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) Application Fee $400 (nonrefundable)

_____ A BEER, ON SALE ONLY
_____ B BEER, OFF SALE ONLY
X C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
_____ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
_____ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
_____ AB BEER, ON AND OFF SALE
_____ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
_____ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

_____ Class K Catering license (requires catering application form 106) $100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

_____ Individual License (requires insert form 1)
_____ Partnership License (requires insert form 2)
_____ Corporate License (requires insert form 3a & 3c)
X Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application

Name N/A Phone number: N/A

Firm Name N/A

PREMISES INFORMATION

Trade Name (doing business as) ~~The Good Life Bar~~ 1867 BAR

Street Address #1 101 North 14th Street

Street Address #2 Suite 6

City Lincoln County Lancaster Zip Code 68508

Premises Telephone number 402-610-0630

Business e-mail address kelseygraves@yahoo.com

Is this location inside the city/village corporate limits: YES x NO

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Mailing address (where you want to receive mail from the Commission)

Name Kelsey Graves

Street Address #1 2785 Randolph Street

Street Address #2

City Lincoln State Nebraska Zip Code 68510

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

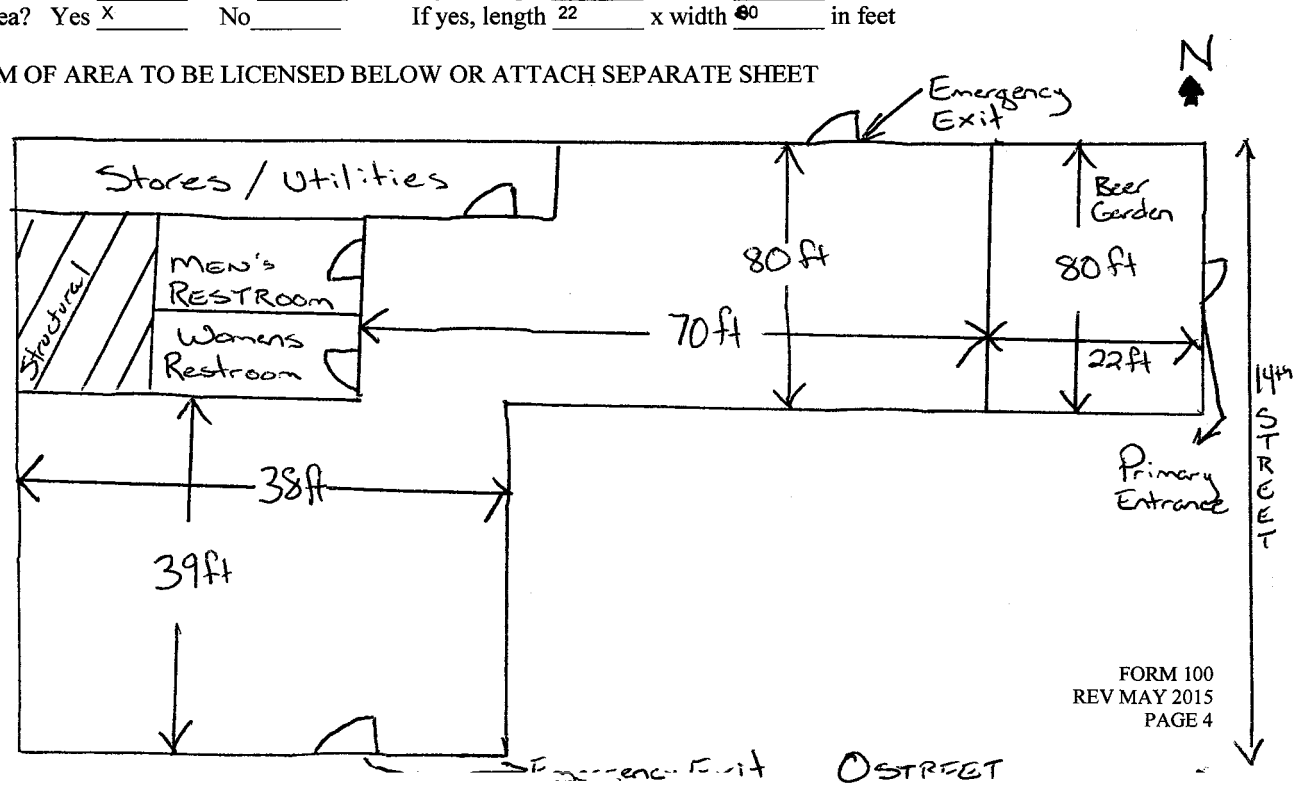
**For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 70 x width 80 in feet and length 38 ft x width 39 ft

Is there a basement? Yes ____ No x If yes, length ____ x width ____ in feet

Is there an outdoor area? Yes x No ____ If yes, length 22 x width 80 in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**
Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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X YES ____ NO
If yes, please explain below or attach a separate page

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Kelsey Graves	Nothing on Record		See attached Sheet	
Jason Ortmeier	04/2015	Lincoln, NE	Speeding	Paid Fine
James Waterbury	01/2005	Lincoln, NE	Reckless Driving	Paid Fine
James Waterbury	01/1991	Lincoln, NE	DUI	Served Sentence
- See Additional Sheet				

2. Are you buying the business of a current retail liquor license?

X YES ____ NO

If yes, give name of business and liquor license number Crawfords 110080
a) Submit a copy of the sales agreement
b) Include a list of alcohol being purchased, list the name brand, container size and how many
c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

X YES ____ NO

If yes, give name and license number Crawfords 110080

4. Are you filing a temporary operating permit (TOP) to operate during the application process?

X YES ____ NO

If yes:
a) Attach temporary operating permit (TOP) (form 125)
b) TOP will only be accepted at a location that currently holds a valid liquor license.

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Attachment 1: Previous criminal Record

Kelsey Graves

Minor Traffic Violations – do not show on complete record provided by Nebraska Department of Motor Vehicles (See DMV printout provided in license packet):

Speeding tickets prior to May 2011 (Dates cannot be recalled)

MIP – Exact Date cannot be recalled. Completed Diversion class to satisfy court decision of guilty.

Jason Ortmeier

Minor Traffic Violations – do not show on complete record provided by Nebraska Department of Motor Vehicles (See DMV printout provided in license packet):

Two speeding tickets – dates cannot be recalled. Completed driver safety classes in lieu of ticket

Traffic Accident – Estimated date – 05/1995 – received ticket for following too close – drivers safety class taken

Reckless Driving – Estimated date – 07/1994 – court ordered defensive driving class taken

James Waterbury

Minor traffic violations – speeding violations (2) estimated dates 1975, and 1984.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

X YES _____NO

If yes, list the lender(s) First State Bank of Nebraska

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6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

_____YES X NO

If yes, explain. (all involved persons must be disclosed on application)

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

_____YES X NO

If yes, list such item(s) and the owner._____

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

_____YES X NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

N/A

9. Is anyone listed on this application a law enforcement officer?

_____YES X NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

First State Bank of Nebraska - Jason Ortmeier, Kelsey Graves, James Waterbury

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

JJ Hooligan's LLC - DBA JJ Hooligans License 093660 311 N. 8th St. Ste 1, Lincoln, NE 68508

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Jason Ortmeier	10/14	RHC Management Training
Jason Ortmeier	5/16	RBST General Cert
Kelsey Graves	5/16	RHC Management Training

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Kesley Graves	08/13-Pres	JJ Hooligans - 311 N. 8th Street Ste.1, Lincoln, NE 68508
Kelsey Graves	2/13-8/13	Heidelbergs - 14th and Old Chaney, Lincoln, NE 68516

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease holder name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

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X Lease: expiration date April 30, 2021
_____ Deed
_____ Purchase Agreement

14. When do you intend to open for business? May 26, 2016

15. What will be the main nature of business? Local Craft Beer, Local Spirits, Domestic and regular spirits

16. What are the anticipated hours of operation? Mon-Thurs 5pm to 2am, Fri-Sun 12pm to 2am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Kelsey Graves - 2785 Randolph St, Lincoln, NE 68510	10/13	Present			
Kelsey Graves - 912 South 17th St. Lincoln, NE 68508	10/11	10/13			
Kelsey Graves - 2900 Dudley St, Lincoln, NE 68503	10/10	10/11			
Kelsey Graves - 7100 SW 49th St, Denton, NE 68339	10/91	10/10			
Jason Ortmeier - 5620 Abbey Ct. Apt 68, Lincoln, NE 68505	09/07	Present	Kelli M. Ortmeier - 5620 Abbey Ct. Apt. 68, Lincoln, NE 68505	09/07	Present

If necessary attach a separate sheet.

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The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and the applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Signature of Applicant	N/A **Signature of Spouse**
Kelsey Graves **Print Name**	N/A **Print Name**
Signature of Applicant	N/A **Signature of Spouse**
James Waterbury **Print Name**	N/A **Print Name**

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

May 14, 2016 (date) by Kelsey Graves and James Waterbury (name of person(s) acknowledged (individual(s) signing))

Notary Public signature

GENERAL NOTARY - State of Nebraska
ROBYN WERNER
My Comm. Exp. June 25, 2019

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Attachment 2: Continuation of Residence for past 10 years for Jason Ortmeier and James Waterbury

Jason Ortmeier:

9/2005 to 9/2007 – 4335 N. 1st Street Apt. 236, Lincoln, NE 68521

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James Waterbury:

11/2012 to Present – 3100 Sewell Street, Lincoln, NE 68502

10/2011 to 11/2012 – 4500 Lords Landing Road Apt. 203, Upper Marlboro, MD 20772

10/2010 to 10/2011 – 3906 Greencastle Ridge Drive Apt. 401, Burtonville, MD 20866

10/2003 to 10/2010 – 930 Garber Avenue Apt. 6, Lincoln, NE 68508

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

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Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

Signature of Applicant	**Signature of Spouse**
JASON ORTMEIER **Print Name**	**Print Name**
Signature of Applicant	**Signature of Spouse**
Print Name	**Print Name**

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NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

16 May 2016 (date) by Chris A. Neukirch (name of person(s) acknowledged (individual(s) signing))

Chris A Neukirch
Notary Public signature

GENERAL NOTARY - State of Nebraska
CHRIS A. NEUKIRCH
My Comm. Exp. December 19, 2019

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Signature of spouse asking for waiver
(Spouse of individual listed below)

Kelli Ortmeier
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

May 17 2016
date

Notary Public signature

The foregoing instrument was acknowledged before me this

by Kelli M Ortmeier
name of person acknowledged

Affix Seal

GENERAL NOTARY-State of Nebraska
EILEEN NIETO
My Comm. Exp. Feb. 19, 2020

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application
(Spouse of individual listed above)

Jason Ortmeier
Printed name of applying individual

State of Nebraska

County of Lancaster

5/19/16
date

Notary Public signature

The foregoing instrument was acknowledged before me this

by Jason Ortmeier
name of person acknowledged

Affix Seal

GENERAL NOTARY-State of Nebraska
TYLER S. RUSH
My Comm. Exp. Sept. 22, 2019

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

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NEBRASKA LIQUOR
CONTROL COMMISSION

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Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

Signature of Applicant	N/A **Signature of Spouse**
James Waterbury **Print Name**	N/A **Print Name**
Signature of Applicant	N/A **Signature of Spouse**
Print Name	N/A **Print Name**

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

May 14, 2016 (date) by James Waterbury (name of person(s) acknowledged (individual(s) signing))

Notary Public signature

GENERAL NOTARY - State of Nebraska
ROBYN WERNER
My Comm. Exp. June 25, 2019

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Ortmeier First Name: Jason MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Kelli Michelle Ortmeier

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 25.00%

Last Name: Waterbury First Name: James MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 25.00%

Last Name: Graves First Name: Kelsey MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 50.00%

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

Office Use

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All members including spouse(s), are required to adhere to the following requirements:

1) **All members spouse(s) must be listed**
2) **Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.**
3) **Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)**

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Kelsey M. Graves

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

tipitnebkelsey LLC 01022547 9

LLC Address: 2785 Randolph St

City: Lincoln State: NE Zip Code: 68510

LLC Phone Number: 402-610-0630 LLC Fax Number N/A

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Graves First Name: Kelsey MI: M

Home Address: 2785 Randolph St City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-610-0630

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

May 14, 2016
Date

by Kelsey Graves
name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
ROBYN WERNER
My Comm. Exp. June 25, 2019

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

Spouse Full Name (indicate N/A if single):_____

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

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Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

Spouse Full Name (indicate N/A if single):_____

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

Spouse Full Name (indicate N/A if single):_____

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

Spouse Full Name (indicate N/A if single):_____

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

Is the applying Limited Liability Company controlled by another corporation/company?

☐ YES ☒ NO

If yes, provide the following:

1) Name of corporation _____
2) Supply an organizational chart of the controlling corporation named above
3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID #. 81-2591340

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In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

MANAGER APPLICATION
INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

Office Use

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FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE PROCESSED

MANAGER MUST:

- Complete all sections of the application. Be sure it is signed by a **member or corporate officer,** corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who **will not** participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

BARCODE

MANAGER APPLICATION
INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

Office Use

MUST BE:

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: tipitnebkelser LLC

Premise information

Liquor License Number: _____ Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: ~~The Good Life Bar~~ J.D. 1867 BAR

Premise Street Address: 101 North 14th Street Suite 1

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-601-0630

Premise Email address: kelseygraves@yahoo.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information here.

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below. PLEASE PRINT CLEARLY

Last Name: Graves First Name: Kelsey MI: M

Home Address: 2785 Randolph Street

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-601-0630

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Driver's License Number & State:

Social Security Number:

Date Of Birth: Place Of Birth: Lincoln, NE

Email address: kelseygraves@yahoo.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name: N/A First Name: N/A MI: N/A

Social Security Number: N/A

Driver's License Number & State: N/A

Date Of Birth: N/A Place Of Birth: N/A

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT **SPOUSE**

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Kelsey Graves - 2785 Randolph St, Lincoln, NE 68510	10/13	Present			
Kelsey Graves - 912 South 17th St. Lincoln, NE 68508	10/11	10/13			
Kelsey Graves - 2900 Dudley St, Lincoln, NE 68503	10/10	10/11			
Kelsey Graves - 7100 SW 49th St, Denton, NE 68339	09/07	Present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	Present	JJ Hooligans	Jason Ortmeier	402-326-6564
2012	2013	Heidelbergs South	John McManus	402-434-7100

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**
   Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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☒ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Kelsey Graves	N/A			See attached sheet

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☐ YES ☒ NO

IF YES, list the name of the premise(s):
N/A

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒ YES ☐ NO

Attachment 1: Previous criminal Record

Kelsey Graves

Minor Traffic Violations – do not show on complete record provided by Nebraska Department of Motor Vehicles (See DMV printout provided in license packet):

Speeding tickets prior to May 2011 (Dates cannot be recalled)

MIP – Exact Date cannot be recalled. Completed Diversion class to satisfy court decision of guilty.

Jason Ortmeier

Minor Traffic Violations – do not show on complete record provided by Nebraska Department of Motor Vehicles (See DMV printout provided in license packet):

Two speeding tickets – dates cannot be recalled. Completed driver safety classes in lieu of ticket

Traffic Accident – Estimated date – 05/1995 – received ticket for following too close – drivers safety class taken

Reckless Driving – Estimated date – 07/1994 – court ordered defensive driving class taken

James Waterbury

Minor traffic violations – speeding violations (2) estimated dates 1975, and 1984.

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4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: 5/12/16 Name on Certificate: Kelsey Graves

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Kelsey Graves	05/2016	RHC Management Training
		LNKAm-0063881
		Exp. 5/12/19

*For list of NLCC Certified Training Programs see training

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Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Kelsey Graves / Supervisor	2013 - Present	JJ Hooligans 311 N. 8th Street Suite 1, Lincoln, NE 68508

5. Have you enclosed form 147 regarding fingerprints?

☒ YES ☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non-participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Kelsey Gray
Signature of Manager Applicant

N/A
Signature of Spouse

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ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

May 14, 2016 (date) by Kelsey Gray
NAME OF PERSON BEING ACKNOWLEDGED

Robyn Werner
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
ROBYN WERNER
My Comm. Exp. June 25, 2019

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

DATE RECEIVED RECEIVED
MAY 19 2016
NEBRASKA LIQUOR CONTROL COMMISSION
Office Use Only

Class:_____	License #:_____

Applicant Name: tipitrebkelser LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: ~~The Good Life Bar~~ J.O. ~~[illegible]~~ 1867 BAR
(Doing Business As)

(402) 601 - 0630
Phone Number

Kelseygraves@yahoo.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Guidelines / Brochures". **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp
  Or checks made payable to NSP should be mailed directly to the following address:
  The Nebraska State Patrol – CID Division
  3800 NW 12th Street
  Lincoln, NE 68521

- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.

Please complete information on the following pages for EACH person fingerprinted.

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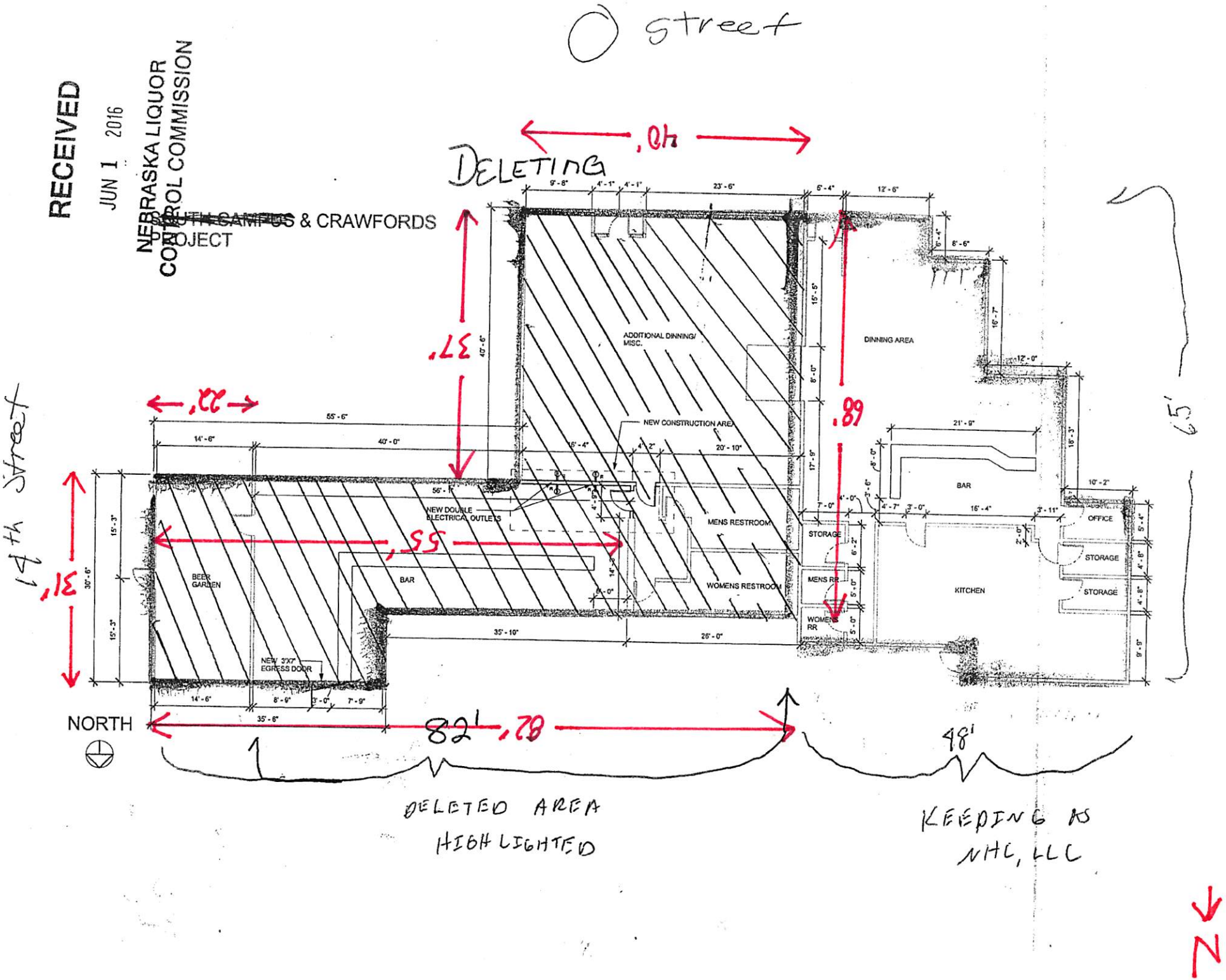
~~SOUTH CAMPUS~~ & CRAWFORDS PROJECT